

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

10/766.878

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	I					
2		I				
3		I				
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Total Indep	3					
Total Depend	15					
Total Claims	18					

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	Indep	Depend	Indep	Depend	Indep	Dep
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